## Provisional Verbatim Record

### SIXTH PLENARY MEETING

**Thursday, 9 February 1961 at 4 p.m.**

Vigyan Bhavan
New Delhi

**President:** Dr A. L. MUDALIAR (India)

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### Compte rendu in extenso provisoire

### SIXIEME SEANCE PLENIERE

**Jeudi, 9 février 1961 à 16 heures**

Vigyan Bhavan
New Delhi

**Président:** Dr A. L. MUDALIAR (Inde)

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The PRESIDENT: The House will please come to order.

Fellow delegates, it is my pleasant duty to carry out the recommendation of the Darling Foundation Committee, which is entrusted with the task of selecting the recipients of the Seventh Award of the Darling Foundation Prize, granted from time to time for "outstanding achievements in the pathology, etiology, therapy, prophylaxis or control of malaria".

The periodical presentation of this award is associated with the paying of honour to the memory of Dr Samuel Taylor Darling, whose premature death by accident cut short a long career devoted to research in the control of disease, and particularly malaria. Dr Darling was on a mission organized by the Malaria Commission of the League of Nations when his tragic death occurred. The recipients of previous awards have been men of great distinction in the field of malaria. The first award was made to Colonel S. P. James in 1932, the second to Professor N. H. Swellergrebel in 1937; the third to Professor H. E. Shortt and Dr P. C. C. Garnham in 1951. Dr Coatney and Professor G. MacDonald received the fourth award in 1954, the fifth award was made to Dr P. F. Russel in 1957, and the sixth to Dr E. Pampana in 1959.

In July 1960 the Expert Committee on Malaria decided in private plenary session to submit to the Darling Foundation Committee the names of Sir Gordon Covell and Dr Arnoldo Gabaldon for the award of the Darling Foundation Medal and Prize. In October 1960 the Darling Foundation Committee considered the report of the Expert Committee and their recommendation, and decided unanimously that the Medal and Prize should be awarded jointly to these two distinguished workers, each of whom has made a significant contribution in the broad field of the epidemiology and control of malaria in different parts of the world.
Sir Gordon Covell's important contributions to malariology led, in 1936, to his being appointed Director of the Malaria Institute of India - a post which he held until 1947. During the Second World War his own battle against malaria was carried on vigorously and resulted in the saving of many lives in many theatres of operation. Afterwards, having reached an age at which many men retire, he became adviser on malaria to the British Ministry of Health and Director of the Malaria Reference Laboratory at Horton Hospital, Epsom, Surrey. His numerous writings include studies on the life history of malaria parasites and on the incidence, clinical aspects and ecology of malaria. He was a joint author of the valuable Monograph on the Chemotherapy of Malaria which was published by this organization in 1955. But his greatest services to mankind may well be those that he has given as a teacher, an adviser and a director of research on malaria. The seeds which he sowed so carefully and tended so laboriously have borne rich fruit in malarialogists throughout the world.

Dr Gabaldon's magnificent services in the struggle against malaria are well known. As Director of the Division of Malariology at Maracay, Venezuela, he has guided large numbers of WHO fellows and other students, from all over the world, along the right path. He carried out, and described in the scientific press, a technically pioneering scheme of epidemiological study and executive control leading to the first declaration of eradication of malaria from a large area in the tropics. This alone is a pioneering activity of outstanding significance, but Dr Gabaldon has also contributed materially to general epidemiological understanding. His scientific knowledge, practical experience, far-seeing strategy, buoyant enthusiasm, dynamic energy and faith in the progress of public health
have contributed enormously not only to the significant advances of malaria eradication in the Americas, but also to the general acceptance of the idea of world malaria eradication.

May I now request Sir Gordon Covell to come to the dais.

Sir Gordon, it is a great pleasure to me to offer this award to you. May I say how appropriate it is that you should receive your prize in India where you laboured for so long. Incidentally, it is a great pleasure to me as a citizen of India to give you this medal and prize.

(Amid applause, the President handed the Darling Medal and Prize to Sir Gordon Covell.)

Le Président remet la Médaille et le Prix de La Fondation Darling à Sir Gordon Covell (Applaudissements)

The PRESIDENT: In the absence of Dr Gabaldon I request Dr Castillo to come up to the dais.

Dr Castillo, I have much pleasure in requesting you to hand this over to Dr Gabaldon with our best wishes and congratulations.

(Amid applause, the President handed the Darling Medal and Prize to Dr Castillo.)

Le Président remet la Médaille et le Prix au Dr Castillo (Applaudissements)
Sir Gordon COVELL: Mr President, ladies and gentlemen, I wish to express my deep appreciation of the honour conferred on me by the award of the Darling Medal. It gives me special pleasure to receive the award in the country where I spent thirty-three happy years of service, and in Delhi, which was my headquarters during the last ten years. But my greatest pleasure of all is to receive it in the presence of a number of my old friends and colleagues, most of whom were on the staff of the Malaria Institute of India at that time - that Institute which is now the base of the gigantic malaria-eradication programme now in progress.

Ever since its inception, one of the most important functions of the Institute has been the training of personnel, and during the great war more than five hundred medical officers received training at the Institute, and a large number of other categories of personnel as well. In this respect, the Institute has played and is playing an essential part in the implementation of the eradication programme. It has also trained personnel for a number of other countries who have adopted the principle of eradication. Among those attending the course at present - the current course - are officers from Viet Nam, Afghanistan and Nepal. Second only in importance to the training of personnel is the provision of adequate salaries for all categories of staff employed, so that they may be content to remain in their posts and not be continually looking out for more lucrative employment. Much of the work of eradication is highly specialized and continuity of service is essential for the efficient working of its machinery.
Earlier this week I visited a village, a few miles from Delhi, which in the past was extremely malarious, and the head of the local panchayat assured me that since antimalaria measures had been begun there some years ago there had not been a single case of malaria in his village. And this is the case in tens of thousands of villages throughout the length and breadth of the country. What a contrast with the situation of twenty years ago, when the only thing we could do for the control of rural malaria was to try to provide sufficient drugs for the treatment of the sick!

Again, when I was last in India, when I was Director of this Malaria Institute of India some fourteen years ago, we used to take our students, every time we held a course, to the Uttar Pradesh Terai: we used to call it the old U.P. Terai. We took them there because we were able to demonstrate an area where malaria was so intense that great tracts of fertile country were left uncultivated. And now I am told that the whole of this valley is perfectly healthy and is being developed for agricultural purposes. Indeed, it is studded with prosperous farms. It has indeed become difficult, I think, for the Director of the Institute to find sufficient material for teaching his students.

But here I would like to draw attention to one aspect of the eradication programme which poses a special problem. In the attack phase of the campaign the incidence of malaria invariably falls steeply, and there is general agreement that the financial outlay has been justified. But when, once this low level of transmission has been reached, and malaria is no longer a serious public health problem, there is a very natural tendency to restrict expenditure, particularly
in times of financial stringency. In an eradication campaign, however, it is vitally important at this stage for the surveillance system to be functioning at its peak capacity, so that every remaining focus of malaria infection may be detected and dealt with. A cut in the malaria budget at this juncture, or failure to allocate funds to meet some special emergency, may well prove one more example of "that ruinous economy which, by sparing a little, renders all that is spent useless".

And now, I would like to take this opportunity of paying a special tribute to my old friend and comrade, Colonel M.K. Afridi, now Vice-Chancellor of Peshawar University and leader of the Pakistan delegation to this Assembly. It was directly due to the work of the organization which he built up that malaria ceased to be a problem of military importance among the Allied Forces during the later stages of the campaign in South-East Asia, while it continued to take a heavy toll among the opposing armies. Except among those directly concerned, this great achievement has never been accorded the recognition it deserves.

You, Sir, have alluded to the work of the distinguished people who have been previous recipients of this award. I am very proud indeed to have been thought worthy for inclusion in such a distinguished company. My only regret is that my old friend Arnoldo Gabaldon is not present to receive it with me.

The PRESIDENT: Thank you, Sir Gordon. I now request Dr Castillo to address us.
Le Dr CASTILLO (Venezuela) (traduction de l'espagnol) : Monsieur le Président, Messieurs les délégués, Mesdames, Messieurs, des circonstances indépendantes de sa volonté et tenant aux obligations impérieuses de sa charge de Ministre de la Santé et de l'Assistance sociale du Venezuela, ont empêché le Dr Arnoldo Gabaldón de venir recevoir en personne la Médaille et le Prix de la Fondation Darling; elles le privent aussi du plaisir de participer aux travaux de la Quatorzième Assemblée mondiale de la Santé, dans cet esprit de collaboration amicale qui anime traditionnellement tous les délégués, et de jouir de la générosité hospitalité du Gouvernement de l'Inde.

J'ai donc l'honneur et le privilège d'être ici son porte-parole, et je vais vous donner la lecture du message qu'il a rédigé à l'intention de l'Assemblée :

"Les événements que j'ai pu observer au cours de mon existence m'ont amené à la conclusion, douteuse pour beaucoup, que quelques hommes sont manifestement favorisés par le sort. Quiconque a pu consacrer sa vie à son activité préférée et recevoir pour cela des émoluments lui permettant de vivre et de faire vivre les siens a certainement eu beaucoup de chance. Si de plus les personnes qui le connaissent décident de lui décerner une distinction honorifique pour le récompenser de ses travaux, on peut dire que sa bonne fortune est extraordinaire. Si enfin cet homme peut, pour aller recevoir cette récompense, parcourir les milliers de kilomètres qui séparent le Venezuela de l'Inde, son sort est si privilégié qu'il échappe
presque à la catégorie des mortels. Je me trouve presque dans ce cas mais, n'étant qu'un homme comme les autres, il est naturel que ma bonne fortune ne soit pas allée jusqu'à me permettre de me présenter aujourd'hui devant vous. C'est pourquoi j'ai demandé au Dr Remetrio Castillo, délégué du Venezuela à la Quatorzième Assemblée mondiale de la Santé, d'exprimer en mon nom toute la gratitude que je ressens à me voir décerner la Médaille et le Prix de la Fondation Darling.

C'est avec une joie et une humilité profondes que j'ai appris le grand honneur qu'on me faisait. Je ne puis dissimuler le plaisir que j'ai éprouvé à savoir que mes collègues du Comité d'experts du Paludisme et les membres du Comité de la Fondation Darling m'estimaient digne d'une si haute récompense, la plus prestigieuse à laquelle puisse aspirer un paludologue. C'est là le point culminant de mon existence, qui a été toute remplie par la satisfaction d'assister au recul constant du paludisme dans mon pays grâce aux efforts entrepris sous mon impulsion par une équipe d'hommes que j'ai eu l'occasion de former et de diriger. Il est peu de gens auxquels il a été donné de voir durant leur vie se transformer leur pays natal qui comprenait naguère de grandes régions qui se dépeuplaient parce que le nombre des décès dépassait celui des naissances, se transformer en une nation où le niveau de santé dont bénéficient aujourd'hui ses citoyens est suffisamment élevé, compte tenu de leur état culturel, pour que le rythme d'accroissement de la population soit le plus rapide du monde.
Je disais que je recevais cette Médaille et ce Prix de la Fondation Darling avec un sentiment de grande humilité. Il suffit pour le comprendre de comparer ce que j'ai moi-même accompli avec les travaux pour lesquels d'autres confrères se sont vus conférer le même honneur les années précédentes. Mais ma chance a voulu que la réception d'une aussi haute distinction s'accompagne d'un fait exceptionnel. Je veux dire que le Prix est partagé entre le Major général Sir Gordon Covell et moi-même. Quand, en 1936, je faisais mes débuts dans les laboratoires antipaludiques, je lisais avec intérêt les monographies classiques que publiait, sur ses travaux effectués en Inde, cet homme qui était déjà un paludologue distingué. A cette époque, alors que mon esprit était profondément attristé par les ravages que le paludisme causait au Venezuela, je n'aurai jamais imaginé que je pourrais atteindre un jour à l'honneur qui m'est fait aujourd'hui et, bien moins encore, que je le partagerais avec celui qui était déjà l'un de mes maîtres.

Enfin, en recevant la Médaille et le Prix de la Fondation Darling, qu'il me soit permis, Monsieur le Président, d'ajouter que cette distinction a pour moi une signification particulière. De tous les paludologues auxquels elle a été décernée, je suis le seul qui ait eu l'occasion de combattre l'anophèle qui porte le nom de Samuel Taylor Darling, dont le souvenir s'attache à la Médaille et au Prix que j'accepte aujourd'hui. Et, de même que le nom donné à ce moustique est le vivant témoignage qui rappelle aux générations futures la mémoire de cet homme éminent, de même, la Médaille qui m'est remise est le témoignage durable que je transmettrai à mes enfants pour leur rappeler que, sur cette terre, nulle peine n'est jamais perdue.
2. SECOND REPORT OF THE COMMITTEE ON CREDENTIALS
DEUXIEME RAPPORT DE LA COMMISSION DE VERIFICATION DES POUVOIRS

The PRESIDENT: I now request Mr Sar, Rapporteur of the Committee on Credentials, to present his second report.

M. SAR (Sénégal), Rapporteur de la Commission de Vérification des Pouvoirs:
Monsieur le Président, Messieurs les délégués, la Commission de Vérification des Pouvoirs s'est réunie le 9 février 1961, sous la présidence de M. le Dr Bravo (Chili).


Sur la foi d'une notification du Gouvernement italien précisant la composition de la délégation de ce pays, la Commission recommande à l'Assemblée de la Santé de reconnaître à cette délégation plein droit de participation à l'Assemblée en attendant l'arrivée de ses pouvoirs officiels.

The PRESIDENT: May this report be accepted? I see no contrary indication. The report is therefore accepted.
3. ANNOUNCEMENTS

COMMUNICATIONS

The PRESIDENT: I have to announce that at the meeting of the General Committee held this noon it was decided that the plenary session today should be continued till 7 p.m. There will be a short break of 10 minutes for coffee or tea at an appropriate time. If by the time we close this session there still remain speakers on the list it will be necessary to make arrangements for the general discussion to be continued at an appropriate date and time next week.

It was also decided by the General Committee that, should any two countries wish to exchange their places in the order of priority in the list given to me, they will be allowed to do so.

I have to announce that the technical discussions, as already indicated, will take place on Friday and Saturday, 10 and 11 February, starting at 9 a.m.

The programme of work for Monday, 13 and Tuesday, 14 February is as follows:

On Monday, 13 February, 9.30, the Committee on Administration, Finance and Legal Matters and Committee on Programme on Budget will meet in their respective rooms. At 12 noon there will be a meeting of the General Committee. At 2.30 and 5.30 there will be a joint meeting of the Committee on Administration, Finance and Legal Matters and the Committee on Programme and Budget to consider the items referred to them for joint consideration, namely, item 2.4 - Report on development of malaria eradication programme; item 3.16 - Financing of the Malaria Eradication Programme; item 3.16.1 - Malaria Eradication Special Account; item 3.16.2 - Measures to ensure the financing of the programme.
The next day - that is 14 February - between 9.30 and 12 noon, the Committee on Administration, Finance and Legal Matters, and the Committee on Programme and Budget will meet separately. At 12 noon the General Committee will consider item 1.12 concerning the election of Members entitled to designate a person to serve on the Executive Board. At 3 p.m. the Committee on Administration, Finance and Legal Matters and the Committee on Programme and Budget will meet separately. Delegations are reminded that suggestions regarding the annual election of Members to be entitled to designate a person to serve on the Board should be handed over to the Assistant to the Secretary of the Assembly not later than noon tomorrow.

Friday.

4. STATEMENT BY THE DELEGATE OF ARGENTINA

La PRESIDENT: May I now request Dr. Martinez Marchetti to make a short statement.

Le Dr MARTINEZ MARCHETTI (Argentine) (traduction de l'espanol): Monsieur le President, Messieurs les delegues, je ne prendrai que quelques minutes du temps precieux de l'Assemblee pour dire combien mon pays apprecie l'honneur que vous lui avez fait en lui confiant l'une des vice-presidences. Je suis particulièrement conscient des responsabilites speciales que m'impose ce choix flatteur.

Je desire, d'autre part, faire savoir aux delegations que, d'ordre de mon gouvernement, j'ai depose, le 4 f'vrier, aupres du Secretariat une invitation officielle a tenir la Seizieme Assemblee mondiale de la Sante a Buenos Aires en 1963. Ce serait pour le peuple et le Gouvernement de la Republique Argentine.
un grand plaisir que de recevoir les délégués à l'Assemblée dans cette atmosphère de dynamisme et d'ardeur qui caractérise les pays en plein effort de développement, où l'on s'attaque à chaque problème avec la ferme résolution de trouver sans délai une solution complète.

Enfin, je tiens, au nom de mon gouvernement, à exprimer au peuple et au Gouvernement de l'Inde notre reconnaissance pour l'amitié traditionnelle qu'ils nous ont constamment manifestée.

The PRESIDENT: Thank you, Dr Martinez Marchetti.


The PRESIDENT: Libya and the United States of America having exchanged their positions on the list, I now ask the delegate of the United States of America to come to the rostrum.

Dr BURNEY (United States of America): Mr. President, Mr Director-General and distinguished delegates from many countries, may I express our thanks to the distinguished delegate from Libya for changing places with us in the schedule for this afternoon.

Personally and on behalf of all members of the United States delegation, Mr President, I congratulate you on your election as President of the Fourteenth World Health Assembly. At the same time, one can commend the members of this Assembly for their wisdom and their sound judgement in electing you to this high office.
It has been my pleasure and privilege to work with you, with our President, since my first Assembly, in 1954, in Mexico. I have been greatly impressed with his personal integrity, his high principles, his objectivity, his dedication and devotion to the objectives of the World Health Organization. Each of us on many occasions has sought and obtained the benefit of his wisdom and invaluable advice, but he is really more than a statesman of the World Health Organization: he is a citizen of the world, with whom we share, with his native country, pride in this distinguished scholar, scientist and administrator. India is rightfully proud of its native son. We in the World Health Organization are extremely proud of our President.

It was my very great privilege two years ago to visit India as the guest of His Excellency, Mr D.P. Karmarkar, the distinguished Minister of Health of our host nation. For me, this was a most revealing and rewarding experience. Through this visit, I gained at first hand some concept of the vast problems in health with which India and so many other nations are faced. At the same time, it was a pleasure to see with what boldness, with what energy and imagination, these problems are being attacked in India.

I obtained a glimpse of the vast malaria eradication programme now under way in India - in which the United States has been privileged to give some help. I saw the increasingly successful effort being made to improve sanitation in both rural and urban areas; and the community development programme now unfolding with all of its high promise for the people of India; and, above all, I was inspired by the well trained and most dedicated health workers who vigorously and courageously were carrying forward their responsibilities so well.
Perhaps because of this personal experience, I was particularly impressed by Prime Minister Nehru's observation of the opening day. You will recall his remarks:

"In India we live simultaneously in all the centuries of the past and in the present, and with our foot in the future. It is a fascinating spectacle, a fascinating experience, and an exciting one; and every success that we achieve naturally gives us greater strength to face the future."

I know that I speak for the members of our delegation - and, I am sure, for all the rest of us here - when I express gratitude for the opportunity that has been given to each of us to meet here in India and share in this experience and in this firm and heartening faith in the future which is so clearly evident all about us.

My further purpose in taking the floor today is to comment on the Report of the Director-General and the reports of the Executive Board of the World Health Organization.

All of us are repeatedly impressed with the wisdom of the founders of this organization - many of whom are still with us, including our distinguished President - in building a structure which provides for strong leadership and, at the same time, for wide participation by all of the membership in both the decisions and the programmes of WHO. We are doubly fortunate in having the services of Dr Candau, whose forcefulness, imagination and qualities of leadership have contributed so substantially to the progress of our organization and to the advancement of world health. It is a sincere pleasure to have this opportunity to pay tribute to Dr Candau, his staff, and the members of the Executive Board. But he is dependent on the support which the countries represented here give to the Organization to enable it to fulfil its expanding role.
You will recall that the United States last year proposed an increase in the budget of the World Health Organization for additional activities in the African nations. Although opposed by a few, this resolution was adopted. We are gratified that the Director-General has included in his proposed budget for 1962 further increased support for activities in newly independent and emerging States. We are prepared to support fully, with no qualifications, the budget proposed by the Director-General, to help the World Health Organization to meet its responsibilities in the less well developed areas of the world.

In addition, because we believe the World Health Organization has the major role in improving world health, we are making voluntary contributions in support of this year's programme in the amount of $4,750,000 for malaria eradication, as announced to the Executive Board, for improving water supplies, and for medical research.

The accomplishments of this past year have been many and varied. Today, I shall comment only on a few. In the last year many new Members from Africa have joined the Organization or achieved full membership. We are most pleased to join in the welcome to these new Members. They will add to the strength and effectiveness of our organization, to which they, and all Members, will both give and receive new insight and wisdom. We believe also that the composition of the new enlarged Executive Board should adequately reflect these additions in membership from Africa. All of us are deeply gratified by the prompt action undertaken by the Director-
General and his staff in meeting the great challenge presented by the difficulties in the Congo. I should like to take this opportunity to express the gratification of my Government and the people of the United States to Dr. Candau and his staff for the effective handling of this very complex affair. Many thousands owe their health and well being to the decisive action which you and your staff initiated. Without our organization, the World Health Organization, it would have been impossible to marshal the personnel and resources to meet the tremendous crisis in the Congo. None of us could have done it individually without waste, confusion and disastrous delay. This one instance alone testifies to the strength of our organization, and I for one am extremely proud of the way in which the Director-General and his staff moved in so rapidly and so effectively in such a difficult situation. The people in my country, where this has been publicized very widely, have increased their already high respect for WHO as a result of this very fine action of our Organization.

We are deeply gratified, but far from satisfied, with the progress being made in malaria eradication. There is no programme in the world of similar scope, or which promises more in the relief of human suffering and premature death. We look forward to the ultimate triumph - when the plasmodium of malaria has become a laboratory curiosity. In order to achieve that end, we must press forward together in the years ahead without relaxation of our efforts. As you know, my Government has given its full support to this effort.

Some Governments represented here today have contributed to the Malaria Eradication Special Account. The United States has contributed $25 million to this account and the Regional Account. We agree fully, however, with the Director-General and the Executive Board that action must be taken to bring about a
greater sharing of the financial burden which will place it on a more stable and continuing basis, or the programme will be seriously endangered or possibly fail. We cannot allow this to happen.

With this thought in mind, the delegation of the United States at the appropriate time will suggest certain steps to be taken to integrate the costs of the malaria eradication programme into the regular budget of the World Health Organization. This can be done, we feel, without hardship to anyone and without any reduction in the level of activity. The question is complex and will require careful study by our committees. With proper study, we are confident that a way can be worked out to put the programme on a sounder footing. The United States delegation noted with interest and approval the remarks in the Committee on Administration, Finance and Legal Matters of the Assistant Director-General for administration on the matter of co-ordination.

The complexities and scope of the programme of the World Health Organization are increasing as it grows through the years. Increasingly it comes into contact with the work of a whole host of organizations - some within and some outside the structure of the United Nations. This means that WHO must give increasing attention to the necessity for co-ordination of its efforts with those of other agencies. WHO - and indeed the whole United Nations system - derives strength from mutually effective working relations. In this way the resources of all the agencies provided by member Governments are used to best effect for the common objectives of social and economic development.
However complex these relationships, however variable the means by which we accomplish our purposes, our further progress will depend on how well we meet the two fundamentals of medical and public health practice: the acquisition of further knowledge on the early prevention of disease and its cure, and the application of that knowledge to the needs of the people.

President Kennedy in his inaugural address has expressed the position of the American people. He has said:

"To those peoples in the huts and villages of half the globe struggling to break the bonds of mass misery, we pledge our best efforts to help them help themselves, for whatever period is required."

The President has gone further and offered to all nations a greater effort to make the fruits of

"new knowledge available to all and, beyond that, in an effort to extend farm technology to hungry nations, to wipe out disease - to increase exchanges of scientists and their knowledge, and to make our own laboratories available to technicians of other lands who lack the facilities to pursue their own work. Where nature makes natural allies of us all, we can demonstrate that beneficial relations are possible even with those with whom we deeply disagree - and this must some day be the basis of world peace and law."

I cannot close without expressing my deep concern and regret that certain delegations have made statements adversely critical of some phases of WHO's work and its Secretariat. Mr President, constructive criticism, genuinely concerned with the purposes of the Organization, is important. But it is necessary to be sure that criticism is constructive, not destructive, that it is
factual and that it will strengthen the common purpose of advancing health for all people in every country of the world. To do otherwise, my friends, is to destroy the stature, the dignity, the strength of our organization. To resolve today's health problems effectively, and to meet tomorrow's challenges with vigour and courage and imagination, we must continue to build the strength of WHO - not erode it.

As I had the privilege of doing once before, I should like now to introduce to you one of the distinguished leaders in the United States in our national effort to achieve these two goals. He is the Honourable John Fogarty, Chairman of the Congressional Subcommittee on Appropriations, which deals with health and welfare, and an adviser to the United States delegation to this Assembly. A great national health figure, a man truly devoted to the cause of medical research and health progress, Mr Fogarty will review briefly some of the recent developments in these fields of interest.

The PRESIDENT: Thank you, Dr Burney.
Mr FOGARTY (United States of America): Mr President, Mr Director-General, professors and delegates to the Fourteenth World Health Assembly. I would like to thank the chairman of my delegation for his friendly words of introduction and I join with him in extending thanks to the Government of India and congratulating the people of India on the progress of health in this great nation.

It has been my privilege to work closely with Dr Burney for some years now in health programmes in our country. I know that you who elected him President three years ago are aware of the splendid leadership he has given to public health at home and abroad.

I am not a doctor or a technician in public health, but as a member of the Congress of the United States, I have had a long-standing interest in health matters. This interest has, over the years, involved world as well as national health, and I have been honoured and pleased in having served with three delegations to these world assemblies of doctors, scientists, public health specialists and others involved in the struggle for world betterment through better health. It is perhaps because of this special interest that the words of my President, President Kennedy, in his great inaugural address struck home to me with particular force when he pledged his administration "to invoke the wonders of science instead of its terrors".

The contributions which my Government is making today in invoking the wonders of medical science abroad are, I think, substantial. For the year 1961, our Government has appropriated about $120,000,000 for medical purposes abroad. In addition, about $34,000,000 in foreign currency generated by our foreign aid
Programmes are being spent on health programmes abroad. Through the World Health Organization, the International Co-operation Administration, the United Nations Relief and Works Agency for Palestinian Refugees, UNICEF, the Pan American Health Organization and other means, these funds are making themselves felt in the only terms that count in health work - bringing life to our fellow men and to the relief of human suffering.

This is the present - and is not enough, in the sense that nothing is really enough as long as preventable disease exists anywhere. We can do more. We should do more and we must do more. I am not satisfied with the progress that is being made. I believe more should be done and I hope to exercise every means at my command to see that it is done. The long hope of mankind in the war against disease lies ultimately with medical research. Towards this end, my country has become increasingly interested in extending support of research, both at home and abroad. For the solution of the problems of cancer, heart disease, mental illness and other great scourges does not lie in any one country but in the imagination and the genius of scientists and doctors in every land.

Already there is substantial work in progress. Support by my country for medical investigators - for research - in 1960 amounted to over $34,000,000. Under the fellowship programme sponsored by my Government, young medical scientists from thirty-four countries are studying in our universities and research institutions, with several hundred of our own scientists studying in
forty other countries. In the Congressional Appropriation Act of 1961 to the United States Public Health Service, a further extension of overseas research activity is envisaged. We have made $5,000,000 available for the general expansion of international medical research under the authority of our Surgeon-General. Approximately half this amount will go towards the establishment by four American universities to support the establishment of international centres for medical research and training in seven countries.

My country, as you know, has also interested itself in the development of research through the World Health Organization. Under an agreement worked out between the Public Health Service and WHO, the Public Health Service has made two specific research grants in support of a world-wide study of insecticide resistance for four years, with support promised for an additional four years, and for an extensive programme of study of water-borne diseases for four years, with the promise of an additional four years. Because of our belief that the World Health Organization should play an increasingly important role in stimulating, guiding and co-ordinating medical research, the United States since 1958 has been pleased to lend active support to that idea. It is a particular pleasure today to note that the Director-General's proposed budget provides expanded support for medical research. The United States has been privileged to make voluntary supplementary contributions. It is my privilege at this time to announce that my Government is making a further contribution of $500,000 to the World Health Organization's Special Fund for Medical Research.
Under the "Health for Peace" Act, an international research programme which I had the privilege of sponsoring in the last Congress, I think we can look forward to increased research activity - in training research workers in increasing numbers, in providing additional fellowships, in providing grants and loans for equipment, in the exchange of research scientists and research missions, and through other means. The idea of putting this programme on a doctor-to-doctor or a scientist-to-scientist basis holds, I believe, great promise for a future people-to-people programme in health - the only real objective and the only enduring basis for our health programmes and interests.

In addressing this Assembly today, I would stress this fact. The non-political character of WHO, stressed by so many speakers, is in my opinion its strongest asset. Equally strong and enduring is the character of the World Health Organization's work for the welfare of the people of the world. I believe this thought has again been eloquently expressed by my President, President Kennedy, in another equally appropriate context:

Now the trumpet summons us again - not as a call to bear arms, though arms we need - not as a call to battle, though embattled we are - but a call to bear the burden of a long twilight struggle, year in and year out, "rejoicing in hope, patient in tribulation" - a struggle against the common enemies of man: tyranny, poverty, disease and war itself.

The PRESIDENT: Thank you, Mr Fogarty. I now call upon the delegate of Pakistan to address us.
Dr AFRIDI (Pakistan): President, Excellencies and distinguished delegates,
in whatever I am about to say this morning I have attempted, Mr President, to keep in mind
your appeal, or rather your injunction, to keep the length of speeches from this rostrum
within reasonable limits.

First, I wish to extend to you, on behalf of our delegation, our sincerest congratulations
on your election as President of this Assembly. We, your old friends and admirers in this Assembly, rejoice
in this happy choice, knowing that you have earned this honour well and many times over.

Next I wish to convey through you, Mr President, to your wondrous country the deep appreciation of our
delegation of the generous hospitality we are enjoying here. May I ask for your indulgence to permit me
to stray momentarily from the narrow path of brevity I have chalked out for myself and introduce into
this topic a personal note.

To me Delhi as a venue for the Assembly is, and will always remain, the most desired location
in the world, not only because of my past associations with it, but also because the Assembly has enabled me
to sample once again the enduring and affectionate friendship of a large number of friends.

On behalf of my country, permit me to extend a sincere welcome to all the newly-joined Member States. We would like to give them one and all assurance that our delegation will always readily respond with co-operation, sympathy and understanding to their difficulties. For it is but a few years ago that our young country achieved independence. We have, therefore, a recent and practical experience of the sort of problems which I dare say they will now be encountering.
I should like to join my colleagues who have preceded me on this rostrum in congratulating the Director-General on his report on yet another year of solid achievement and success. He deserves our special thanks for the initiative he has taken in the Congo. Our delegation considers it to be of so momentous an import that we feel we would have been fully compensated as a Member country of the Organization had it been the only activity of the year. For, while international intervention in that country has produced considerable difference of opinion amongst the nations of the world, there are no two opinions about the humanitarian role of the World Health Organization and the superb services rendered to an afflicted population in dire need of a helping hand. Fellow delegates, it is this venture that should underline the source of the strength of our organization. Let us hope that its lessons will not be lost on us, now or in the future.

In regard to the other items of activities, we shall have ample opportunities for discussions in the main committees. I will, therefore, confine my remarks here to one issue which, in the opinion of our delegation, influences the basic philosophy of the programme planning of the Organization.

We see around us so much disease and misery that we cannot avoid getting involved in a number of schemes simultaneously. This is inevitable, considering our humanitarian outlook. Wisdom, however, directs that we exercise due caution in this matter, and whenever possible let one scheme get past the critical phase before we take on another. This is necessary, as we may otherwise scatter our
limited resources of men and money. For, in the last analysis, it is the national effort that determines the success or failure of a programme, even though it be initiated by the World Health Organization. The danger is that, unless our planning is practical and realistic, we might commit the under-developed countries to a multitude of projects that they may not be in a position to undertake. As a consequence, the implementation of the projects may fail to come up to the desired standard and we may find ourselves in the unhappy position of missing the achievement of even the more immediate and pressing objectives. Most of the under-developed countries are crippled by a majority of the communicable diseases, and they stand in urgent need of a well thought out order of priority, which only this organization can provide.

In this respect, the World Health Organization has a duty to perform and a responsibility to discharge, in that it has to give proper guidance to such countries. It was for this reason that priorities were established in the First World Health Assembly, which by and large have been adhered to. Of late, however, there has been a tendency to wander into new fields of activity without giving due thought to the state of progress in the projects to which we are already fully committed. Our delegation is not against taking up new projects; far from it. All we wish to do is to sound a note of warning, not to lose sight of the need for consolidation in the acknowledged fields. Indeed, the time has come for us to reclassify our existing and projected activities into major, minor and subsidiary groups - a task that we commend to the consideration of WHO as a fit subject for study and report in due course.
In conclusion, may I once again offer my heartfelt and sincere congratulations to the Director-General and to my good friend Dr Penido, the Chairman of the Executive Board, for their wise leadership and dedicated actions.

The PRESIDENT: Thank you, Dr Afridi. I now call upon the delegate of France.

Le Professeur AUJALEU (France): Monsieur le Président, au moment où je prends la parole pour la première fois dans cette enceinte, je suis heureux de vous dire la joie qu'éprouve la délégation française à voir notre Assemblée présidée par une personne aussi éminente et par un serviteur aussi fidèle de notre organisation; de vous dire aussi la gratitude de ma délégation pour toutes les amabilités que votre gouvernement nous a déjà prodiguées.

Messieurs les délégués, le rapport du Directeur général est un document considérable et toujours intéressant qui permet de suivre parfaitement la vie de notre organisation. Il revêt cette année une importance particulière.

C'est en effet en 1960 que, pour la première fois depuis treize ans qu'elle existe, notre organisation, à l'occasion des événements du Congo, a été aux prises avec de graves problèmes d'urgence. Aux côtés de la Croix-Rouge internationale et de la Ligue des Sociétés de la Croix-Rouge dont l'action a été très importante, l'Organisation mondiale de la Santé, pourtant peu préparée aux actions d'urgence, a affronté l'épreuve avec succès. Elle a paré au plus pressé en envoyant du personnel et du matériel, en recrutant des médecins, des infirmiers, des agents sanitaires, en
aidant les autorités sanitaires congolaises à reprendre en mains leurs services désorganisés, et tout ceci dans des conditions que le désordre, et quelquefois le danger, rendaient difficiles. Mais ce n'est pas seulement de cette action, pourtant fort utile, que la délégation française tient à féliciter le Directeur général et ses collaborateurs. Ceci constituait en quelque sorte l'action élémentaire que devait entreprendre notre organisation, qu'elle ne pouvait pas ne pas entreprendre. Ce qui, à notre avis, a été remarquable, c'est que l'organisation ne s'en est pas tenue là et a compris que l'avenir était au moins aussi important que l'immédiat, que cet avenir ne serait assuré que dans la mesure où le Congo possèderait son propre personnel sanitaire et qu'il n'y avait pas une minute à perdre pour entreprendre la formation ou le perfectionnement de ce personnel. C'est dans cet esprit que le Directeur général a cherché à envoyer dans des universités prêtes à les recevoir et où ils ne se sentiraient pas trop étrangers des étudiants en médecine et des assistants médicaux. La France, pour sa part, a été heureuse d'accueillir, dès le mois d'octobre dernier, une soixantaine d'assistants médicaux dont elle s'efforcera de faire en trois ans de véritables médecins et quelques étudiants qui suivront la scolarité normale des études de médecine. Elle est prête à en accueillir davantage si cela peut être utile. Mais nous sommes trop conscients du fait que le personnel médical d'un pays doit être formé essentiellement dans son propre pays pour ne pas considérer cette mesure comme exceptionnelle et nous nous félicitons également des efforts accomplis par l'Organisation pour faciliter la formation des Congolais dans des universités congolaises.
La tâche à accomplir par l'OMS pour rétablir la situation sanitaire du Congo au niveau antérieur reste considérable ; le Directeur général l'a indiqué à plusieurs reprises au Conseil exécutif. L'ampleur de cet effort mesure, remarquons-le en passant, l'action que les médecins belges avaient menée dans ce pays, action qu'il serait profondément injuste de méconnaître.

Les tâches d'urgence que l'Organisation a dû assurer dès juillet 1960 ne l'ont pas détournée de ses tâches traditionnelles, comme en fait foi le rapport du Directeur général. Le souci de la délégation française de ne point prolonger abusivement la discussion de ce point de l'ordre du jour et de laisser à chacun la possibilité de s'exprimer me conduit pour le reste à me borner à l'essentiel. L'essentiel, c'est de constater, avec satisfaction l'efficacité de l'action de notre organisation sur tous les points où, à notre demande, elle a porté ses efforts.

D'autres l'ont dit ou le diront parfaitement dans le détail. Je ferai seulement une mention particulière : l'année 1960 a été également celle au cours de laquelle, après des études préliminaires, les problèmes de recherche médicale ont été véritablement abordés au fond. Ainsi, l'Organisation s'est élevée au-dessus d'elle-même et a approché de plus près l'objectif que lui avaient assigné ses fondateurs. Elle ne se borne pas à fournir des services et à donner des conseils pour la solution de problèmes connus d'organisation, de prophylaxie ou de soins, mais elle apporte désormais sa contribution aux recherches d'où sortiront un jour, nous en sommes sûrs, de nouveaux moyens de combattre ou de prévenir la maladie plus efficaces que ceux dont nous disposons aujourd'hui. Que ceux qui l'auront permis, les uns par leur générosité, les autres par leur travail, trouvent ici l'expression de notre reconnaissance.
Je n'ai rien dit de la campagne d'éradication du paludisme dont les effets se font sentir dans bien des pays mais qui pose d'importants problèmes, et qui ne sont pas tous, loin de là, d'ordre financier. Ce n'est ni oubli ni indifférence mais parce que ce sujet fera l'objet d'une discussion particulière.

En terminant ces brèves remarques, je voudrais dire que si quelques difficultés se présentent à nous dans quelques jours lorsque nous étudierons le projet de programme et de budget pour 1962 - et il y en aura sûrement - nous n'oublierons pas que le travail de l'Organisation dans le passé a été bien fait et cette considération sera d'un grand poids dans les décisions que nous serons amenés à prendre.

The PRESIDENT: Thank you. I now request the delegate of the United Kingdom of Great Britain and Northern Ireland to come to the rostrum.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland): Mr President and fellow delegates, may I first join with earlier speakers and on behalf of the delegation of the United Kingdom of Great Britain and Northern Ireland say how great is our pleasure in being able to join in electing you as President of the Fourteenth World Health Assembly. If the Assembly has been able to take this opportunity of doing honour to you, you do us no less honour by presiding over our meetings.

This is my first appearance at the unique assembly of leaders in world health, succeeding one who has contributed much to ten consecutive Assemblies, and it is a real personal good fortune that it should be in the capital of India and with the benefit of the generous hospitality and admirable facilities which the Government of India has provided for us.
You asked us to be brief, Mr President, and I will only refer to a very few points arising from the Report of the Director-General - a report which reflects the greatest credit on him and his staff. It contains a remarkable review of a range of activities which those of us who have to produce annual reports of our own can but envy. There is reference not only to fundamental measures of prevention directed against single diseases, well known from ancient historical times, but also evidence of close liaison with research and its promotion in some of the most advanced areas of medical progress. Indeed, these reports will have great value to historians in the future for the conspectus they give of worldwide progress in the control of major epidemic diseases in the years of this century when we may hope for their final defeat as a threat to world health. At the same time, they record the development of new methods of diagnosis, treatment and prevention of diseases which are to us now as far from control as was poliomyelitis even ten years ago, or pernicious anaemia to our predecessors in 1920.

The work of 1960 was to some extent overshadowed by the emergency of the Congo, where the direct contribution of WHO has given a remarkable demonstration of the work that an international and non-political body can do. That pattern, of course, is abnormal, and the true test of WHO's success must be in the extent to which it helps local services to develop. Earlier speakers have testified to the success already achieved and one of them made the point that the first 70 per cent. of control is difficult, but that the last 30 per cent. leading to eradication is harder still. This is true even
when trained workers of all kinds are available; it has even greater force when so large a collateral activity is needed to train staff to do the job. Task forces from outside are of value only as catalysts; the complete reaction depends upon the elements already there. As the Report reminds us, the population saved for the future must also be fed.

The control of endemic communicable diseases, already well known, will certainly fill many pages of annual reports for years to come, but these diseases will come under control and within a measurable time. We know it can be done eventually, given the staff, the resources and the will to do it. There is much hard work to be done before that is achieved, but WHO's imaginative programme of eradication can succeed. Malaria, smallpox, yaws, tuberculosis are already far less prevalent in the world than they were before the advent of new drugs, and this report gives the background to the new progress we may hope to see in elimination of trachoma. The great advance here is surely that a global attack on a communicable disease has become practicable, and some of these diseases are only eradicable on a global scale. Tuberculosis, which we are to discuss later, faces us with a special problem of this kind. For some areas have now an incidence so low that they may soon have a proportion of adult susceptibles high enough to permit epidemic spread should infection recur under unfavourable circumstances. The Director-General referred to this and other important changes in the ecology of disease, and the expert studies which have been initiated should be of great help to all countries in future. It is
reassuring to read of the close study made of some of the communicable 
diseases, mainly virus infections, now being elucidated for the first time. 
The designation of a new International Reference Centre for Respiratory 
Virus Diseases in London is particularly gratifying to those whom my 
delegation represents.

The year 1960 was for us in the United Kingdom particularly important 
for its advances in the field of mental health, and it is a pleasure to 
record that some part at least of the stimulus to those advances came from 
the constructive studies of this organization.

The main and last point that I wish to make is that this report 
describes WHO's concern with health problems ranging from those whose 
nature and solution have long been known, and which require only the local 
application of those solutions, to the most abstruse, medical scientific 
problems as yet unsolved. It must surely remain so. We cannot let our 
orGANIZATION concentrate only upon the acceleration of programmes for the 
eradication of gross, but ultimately soluble, problems. The growth of 
medicine accelerates and we must go with it, if the Organization is to 
remain the living whole which this report describes. That we can only do 
if we remain first and foremost a medical organization, free from political 
distraction, as the Prime Minister of India so clearly commended to us in 
his inspiring opening address.

The PRESIDENT: Thank you, Dr Godber. The delegate of Ghana.

Dr SCHANDORF (Ghana): Mr President, fellow delegates, ladies and 
gentlemen. With your kind permission, Mr President, I wish to convey to
you, on behalf of the Government of Ghana and my delegation, our sincere congratulations on your election to the high office of President of the Fourteenth World Health Assembly. It is indeed a great pleasure and an inspiration to me and my delegation to watch you perform your duties as President of the Assembly and the General Committee. We hope and pray that under your capable leadership our deliberations in this fine hall of your beautiful capital city will bear healthy fruit for the enjoyment of all the peoples of the world. I assure you, Mr President, that the kind hospitality of the people of India, and especially of the citizens of New Delhi, will long remain in our memories after the Assembly ends.

The Delegation of Ghana is glad to note that WHO has continued to centre its attention on the chief problems and basic health needs of those countries which are in the greatest need of its assistance. Many projects have been implemented, bringing tremendous benefits to the peoples and regions where these projects are being carried out. But though these achievements may be impressive, we can clearly see from Official Records No. 104, from page 459 onwards, additional projects requested by governments which have not yet been included in the proposed programme and budget estimates for 1962. These requests for assistance we feel, offer eloquent evidence of the increasing attention that governments are giving to the development and improvement of their health services.

The Ghana delegation believes that in talking about what has been achieved in the past we must look into the future to inform ourselves, as public health men, of the problems which are becoming more and more urgent in view of the development of the world health situation. We are happy to note,
when we consider the attention that WHO has given to the fight against communicable diseases, the sustained effort on the part of the Director-General to make the malaria eradication programme a success. Much has been done in this field to justify the enthusiasm with which the campaign was launched. Much still remains to be done to exterminate malaria, a disease that is hampering the progress of many people in some countries - putting a brake on their efforts to join the ranks of the economically more favoured countries. I wish here to say on behalf of my Government a hearty "Thank you" to the United States Government for their generous contribution to the Malaria Eradication Special Account.

The needs of the emerging countries in trying to secure better living conditions for their people will no doubt place a financial strain on the economically more favoured countries. We in Ghana are highly appreciative of the good gesture of these countries in accepting their share of the financial burden which the Director-General's budget imposes on them. It is our view that this burden will be lighter when the health situation in these countries has been raised to a favourable level.

We are on the threshold of economic, social and health improvement. The attainment by all peoples of the highest possible level of health is also the aspiration of the Government and people of Ghana. We feel that the attainment of this objective is linked closely with economic and social developments, and must be developed within the framework of mutual co-operation with the other specialized agencies, with the necessary integration of activities.
International assistance is much needed by our country as by the other economically less favoured States. In this regard, I would like to assure the Director-General through you, Mr President, that the technical assistance provided by WHO has been a considerable help to my country in our efforts to secure a state of better health for our people. Unfortunately, owing to the acute shortage of expert assistance, some of the projects that have been planned with WHO are still awaiting execution. It is the ardent desire of the Government of Ghana to bridge the gap that exists between ourselves and the developed countries in the field of communicable disease control. In the pursuit of this aim we have found considerable guidance in the work of the various expert committees and the many useful publications of WHO. We wish to convey to you, Mr President, to the Organization and the various expert committees, our assurance that their work has not been in vain since these publications have kept us informed on many aspects of the fight against disease.

The health problems of the future might be more complicated, more persistent, and perhaps much more difficult to solve. We therefore look to the Organization for help, to place Member States in a position to find ways and means of meeting the challenge and finding answers to these problems. This is why the Ghana Government feels happy at WHO's interest and activities in medical research - firstly, to provide simple and effective cures for diseases the treatment of which has proved elusive, and secondly to provide us with the facilities to prevent and control diseases generally.
Herbal medicine - much used in India and Africa - can, we consider, become the subject of fruitful and scientific study. We hope it will not be long before the Director-General initiates co-ordinated research into indigenous herbal medicines which, owing to the lack of trained personnel, have not been fully exploited for the needs of modern chemotherapy. It is not, therefore, for naught that we in Africa cry out for trained personnel to prevent and to cure illness. The need for manpower is becoming more acute with us in Africa as State after State becomes independent and begins to assume its rightful place in the comity of nations.

The unhappy events in the former Belgian Congo have, we believe, demonstrated to us all that we are our brother's keeper, as disease knows no frontiers. The prompt action that WHO took to provide emergency service in the Congo is highly commendable. We also commend the Director-General for placing top priority on the training of medical and other health personnel from among the Congolese people to fill the acute shortage in their country. We wish to congratulate France for her willingness to absorb into her medical schools those Congolese candidates who were sent by their country for training as fully qualified doctors.

It is the fervent desire of the Ghana Government that the tragic events which have occurred in the Congo will not be permitted to recur in Africa. We hope the Director-General will communicate with the Secretary-General of the United Nations and the other specialized agencies to obtain a measure of agreement with those colonial powers who are not conversant
with the rudiments of handing over power, to evolve such measures in
their colonies as will enable them to be remembered with affection, and
not to throw the world into disequilibrium when they leave their colonies,
so that they can leave freedom with peace behind them.

The Director-General's report has placed before us a complete
picture of the activities of this experienced organization. We believe that
the World Health Organization's role in creating close contact among
countries and in spreading transmission of the achievements and experience
obtained in the field of health promotion is undeniable. This is perhaps
the most important factor which justifies the existence of the Organization
and ensures its future. As practical public health workers we have in the
disparity in the health situation among the nations of the world another
good reason that vindicates contact among the nations and mutual aid. The
health of the population and health protection in the economically under-
developed countries is far below modern conception. The continued existence
of such a situation is a danger not only to the health of their people but
also to mankind in general.

We consider, therefore, that the more developed countries have not
only the moral obligation to help this promotion of health protection in
the under-developed countries, but that it is in their own interest to do
so in order to prevent the spreading of communicable diseases from the
under-developed countries. The principles on which WHO is based have pointed
out the need for this assistance, especially the principle that the benefit
derived from the highest standard of health achieved is one of the basic
rights of every human being, regardless of race, religion, economic and
social conditions.
One last observation, Mr President. This year, as in previous years, we have had the pleasant task of admitting new members into our organization. We cannot remain insensible to the confidence that this request for admission imposes on us. It is our bounden duty to reaffirm our solidarity, to think of health and social activities as well as those things which promote the physical, mental and social well-being of humanity. We hope that this assembly will pursue useful discussions that will yield new contributions of WHO to the common struggle for the improvement of health in the world. The aim of the Ghana delegation will be to assist the Director-General in pursuing this effort along these lines which seem to us to be in the highest interest of the Organization and of the health of the world.

The PRESIDENT: Thank you, Dr Schandor.

We will now adjourn for fifteen minutes and meet exactly at ten minutes to six. The speakers on my list are Romania, India, Morocco, Bulgaria, and so on. I request the members to be present here punctually at ten minutes to six.

The meeting was suspended from 5.35 p.m. to 5.50 p.m.
La séance est suspendue de 17h. 35 à 17h. 50.
The PRESIDENT: I now request the Assembly to recommence its proceedings.
I call on the delegate of Romania to come to the rostrum.

Le Dr BIRZU (Roumanie) : Monsieur le Président, Mesdames et Messieurs, c'est pour moi non seulement un grand plaisir, mais un honneur tout particulier d'avoir l'occasion de présenter, au nom de la délégation de la Roumanie, nos plus sincères félicitations au Dr Arcot Mudaliar qui vient d'être élu Président de la Quatorzième Assemblée mondiale de la Santé.

Le choix de l'Inde pour cette importante session, l'hospitalité cordiale dont nous jouissons, ainsi que la perspective qui se présente de connaître directement les récentes réalisations du merveilleux peuple hindou, constituent pour nous tous autant de motifs de satisfaction. Nous saluons avec joie les réalisations du peuple hindou qui, comme le prévoyait le Premier Nehru dans son livre "La découverte de l'Inde" avance, plein de confiance, sûr de ses propres forces, toujours prêt à apprendre des autres et à collaborer avec eux.

Nous voulons féliciter M. le Directeur général, le Dr Candau, et ses collaborateurs pour l'excellent rapport si documenté concernant l'activité de l'Organisation mondiale de la Santé au cours de l'année 1960, et je m'associe pleinement à sa constatation que l'Organisation mondiale de la Santé n'a jamais dû envisager des problèmes d'une aussi grande envergure réclamant conjointement une adaptation continue des actions à des conditions complexes et mobiles. En effet, notre responsabilité est aujourd'hui immense, car nous sommes sollicités d'accorder sans réserve et d'une
manière désintéressée toute notre aide aux peuples des pays qui acquièrent leur indépendance et qui doivent rattraper dans un bref délai leur tragique retard. C'est la raison pour laquelle nous considérons que l'aide matérielle et technique de l'Organisation mondiale de la Santé doit être dirigée en premier lieu et dans une mesure efficace vers l'assistance aux pays insuffisamment développés du point de vue économique et sanitaire. Il s'agit ici autant de mesures opératives : hygiéniques, sanitaires, antiépidémiques et d'assistance médicale, que d'action persévérante d'assainissement, d'allo ration suffisante, d'éducation, etc. Nous réaffirmons ici notre profonde conviction que nous, les médecins, qui nous occupons d'une façon permanente de la vie et de la santé de l'homme, sans discrimination de couleur ou de race, nous sommes appelés à assurer l'utilisation de la science pour élever le niveau de vie de l'homme, pour dominer la nature par une émulation pacifique, par la collaboration entre tous les peuples et leur énergie créatrice.

Mon pays, un pays riche en ressources, a été aussi, il n'y a pas longtemps, dans une situation sanitaire précaire. La Roumanie a été, ainsi qu'on le disait souvent, "un pays riche avec des hommes pauvres". Après l'affranchissement du pays de la domination fasciste et du régime d'exploitation capitaliste, l'État démocratique populaire a réussi en peu de temps à guérir en premier lieu les blessures du passé, à stimuler parallèlement les énergies et à utiliser les ressources du pays pour le bien du peuple. En dirigeant d'une manière rationnelle le développement industriel et agricole et en donnant une ampleur encore jamais rencontrée à l'instruction culturelle des masses, notre État a créé, dans un court intervalle de temps, les
conditions sociales et économiques nécessaires à l’amélioration substantielle de l’état de santé, manifestée par la diminution de la mortalité générale et de la mortalité infantile, la diminution de la morbidité et l’éradication de certaines maladies, l’augmentation de la durée moyenne de vie ainsi qu’un progrès important dans le développement physique et culturel de la population.

Dans notre pays, le paludisme, première affection traitée dans le Rapport du Directeur général, a été un problème de santé publique particulièrement grave. Nous sommes aujourd’hui dans la phase de consolidation de l’éradication de cette maladie. Je considère comme très juste l’importance soulignée par M. le Directeur général Candau d’avoir un réseau sanitaire développé dans le stade final de l’éradication.

Nous considérons de même que le Rapport du Directeur général a raison d’insister sur l’importance des services d’épidémiologie et de statistique concernant les maladies transmissibles, mais ce n’est pas encore suffisant. Nous désirons souligner ici l’importance de tout un système de mesures anti-épidémiques soutenues par l’effort de l’État : la gratuité des vaccinations, leur caractère obligatoire, l’appui matériel accordé aux vastes actions de prophylaxie, l’assainissement, l’éducation de la population, etc.

C’est ainsi que nous organisons actuellement en Roumanie un réseau régional de laboratoires spécialisés pour le dépistage des affections virales et que nous sommes en train de développer une grande action de vaccination gratuite de la population jusqu’à l’âge de 30 ans, avec un vaccin antipoliomyélitique vivant, en effectuant plus de 10 millions de vaccinations.
Le problème de la planification des centres peuplés, de l'urbanisation, de l'habitation constitue dans le monde entier, ainsi qu'il a été aussi relevé dans le Rapport, une question extrêmement actuelle. C'est pour cela que nous considérons que l'échange systématique d'expérience entre différents pays, la fixation de critères plus adéquats, et plus généralement valables du point de vue de la santé de la population, représentent un problème particulièrement important, à défaut duquel notre Organisation risque de ne pas pouvoir suivre les exigences du développement de la vie.

Dans le cadre des grands plans de construction et de reconstruction, comme c'est le cas dans notre pays, le rôle de l'hygiéniste devient sans doute de plus en plus important. Il faut établir des normes et des indications fondamentales pour assurer le déroulement des grands travaux de construction utiles aux habitants en respectant les conditions hygiéniques, sanitaires et de confort physiologique correspondant. C'est pourquoi nous orientons actuellement l'enseignement des hygiénistes et des cadres de santé publique au-delà des problèmes sanitaires épidémiologiques, vers la médecine du travail, la toxicologie industrielle, la planification des centres peuplés, l'hygiène du confort de l'habitation, etc.

Je voudrais encore mentionner en quelques mots un problème que je considère particulièrement important pour le progrès de la santé publique : introduction de la technique la plus récente dans la pratique des investigations et des traitements médicaux de masse. Les préoccupations scientifiques et les techniques médicales avancées ne sont utiles à la population que dans la mesure où leurs résultats peuvent
être largement et efficacement utilisés par les unités sanitaires du pays, tant dans le milieu urbain que dans le milieu rural. Nous estimons que l'Organisation mondiale de la Santé doit assumer en premier lieu le rôle de promouvoir des recherches ayant pour but l'introduction des nouvelles techniques en médecine et la généralisation des découvertes récentes. L'extension de l'activité de l'OMS dans cette direction pourrait certainement constituer un appui pour les programmes nationaux des différents pays.

Etant donné l'importance primordiale, dans le cadre des problèmes de santé publique, des maladies cardio-vasculaires et du cancer - soulignée aussi par le Rapport du Directeur général - leur prévention et leur traitement présentent pour la plupart des pays des tâches extrêmement importantes et difficiles à la fois. Ces problèmes ont fait au cours des dernières années l'objet de discussions tant à l'Assemblée de la Santé que dans le cadre des divers comités d'experts de l'OMS. Ce que nous désirons souligner ici c'est la manière dont les divers programmes nationaux reflètent, sous forme d'efforts d'organisation matérielle concrètes, les problèmes de notre actualité sanitaire. A défaut, les recommandations de l'Organisation mondiale de la Santé resteront certainement inefficaces tandis que les nécessités budgétaires de notre Organisation augmenteront continuellement.

Ce n'est pas dans notre intention de retenir votre attention en exposant les réalisations de notre pays mais permettez-moi, dans le sens de ce que je disais déjà plus haut, de souligner le fait que le Gouvernement de notre pays accorde une attention et un appui différenciés à ces problèmes. Voilà pourquoi nous pouvons
affirmer, à propos des maladies cardio-vasculaires par exemple, que leur préven-
tion et leur traitement commencent à perdre leur caractère d'imprévisibilité.
Notre programme, basé sur un appui matériel appréciable, consiste dans la pour-
suite de la réalisation d'une prophylaxie à distance par le dépistage précoce,
la dispensarisation des malades, l'assurance du traitement de spécialités, de
l'assistance sociale, des moyens de réadaptation et l'éducation sanitaire.

En ce qui concerne le cancer, nous continuons la mise en pratique du plan
de combat, qui bénéficie d'un soutien matériel d'environ 23 millions de dollars
pour notre plan quinquennal de la part de notre Gouvernement et qui prévoit la
construction de nouveaux laboratoires de recherche, d'unités pour le soin des
malades, d'appareillage, formation de cadres, recherche scientifique, etc.

Avant de finir, nous désirons souligner l'importance du programme d'inten-
sification des recherches médicales entrepris par l'Organisation mondiale de la
Santé pendant l'année précédente ainsi que les précieux résultats qu'ont
atteints les différents comités d'experts. Nous considérons que dans ce domaine
notre Organisation doit persévérer à faire connaître non seulement les problèmes
et les meilleures méthodes de recherche, mais aussi la manière d'organiser et de
planifier les recherches scientifiques. Il existe déjà certains pays ayant une
riche expérience en ce sens qui devrait être largement connue. Chaque année, nous
poursuivons systématiquement et dans le cadre de plans à long terme l'orienta-
tion des recherches vers les plus importants problèmes de santé publique, en
assurant l'augmentation permanente des cadres de recherche et le budget
nécessaire.
En conclusion, Monsieur le Président, Mesdames et Messieurs, nous exprimons notre confiance dans la valeur de la contribution que la science médicale et l'Organisation mondiale de la Santé doivent donner à l'instauration d'un climat international propice au développement de relations fructueuses entre les hommes en concordance avec les aspirations pacifiques des peuples et avec l'intérêt du progrès de la santé et de leur prospérité.

The PRESIDENT: Thank you, Dr Birzu. I would now call on the delegate of India to address us.

Mr TANDAN (India): Mr President and fellow delegates, on behalf of the Government of India my delegation would like to express our gratification and sincere thanks to this Assembly for the signal honour done to us by electing our chief delegate, Dr A. L. Mudaliar, as its President. To you, Sir, we offer our respectful congratulations. You are the doyen of the medical profession of this country. The World Health Assembly, when meeting in our country, has also honoured the profession by electing you.

My delegation would like to join the other delegations in congratulating the Director-General on the good record of work done during the previous year. He has highlighted some of the programmes undertaken during the last year in the field of communicable diseases, environmental sanitation and malnutrition. Special mention has also been made of research carried out in many of these fields and the proposed extended programme of research which will be put into effect during the ensuing year.
Among the communicable diseases, the Director-General has rightly given the most important place to the eradication of malaria. In this, as is well known, India is executing the largest single programme in the world. This programme has been assisted on a munificent scale by the International Co-operation Administration of the United States of America as well as by the World Health Organization. The World Health Organization has given assistance to the extent of 2.2 million dollars towards the supply of insecticides, fellowships, experimental study teams, etc. What we consider equally important is the help that the World Health Organization is giving by providing a surveillance team to serve as an "external audit" as mentioned in the Director-General's Report. The findings of this team will throw valuable light on the execution of a scheme on such a vast scale which, no doubt, will be of interest and value to some of the other countries embarking on similar programmes. In passing, I may mention that we have so far spent from our own funds over 200 million dollars on this single programme, which shows the importance which we attach to it. Any effort on our part by itself would not be sufficient to achieve our goal if, simultaneously, our neighbouring countries also do not embark on similar programmes. We are grateful to the World Health Organization for its good offices in persuading Pakistan, Nepal and Burma to undertake malaria eradication and we wish these countries the greatest success in their efforts.

The Director-General has rightly said that, impressive as the actual achievements of the eradication campaign are, we cannot be too optimistic.
The problem of insect resistance and the danger of the recrudescence of malaria is still there and much research is still needed to discover better and more effective insecticides and antimalarial drugs. We have observed that, as a secondary effect of the malaria campaign, some other diseases, like plague and kala-azar, temporarily disappeared but they are now beginning to reappear. Also certain virus diseases carried by mosquitos (which in the past were thought to be malaria but have now been proved to be virus diseases) are now raising their heads. There may be similar problems in other areas. The problem of insect resistance is vital in connexion with these diseases. We would urge upon the World Health Organization to initiate large-scale and co-ordinated research programmes on the problems connected with these secondary effects of the eradication campaign so that we may in good time draw up plans for solving them.

The Director-General has recommended that some part at least of the expenditure met from the Malaria Eradication Special Fund should be added to the regular budget. We, however, feel that this would not only add unnecessarily to the burden of all countries, but affect most of those very countries which are already incurring vast expenditure on this campaign and which can least afford the addition. As the bulk of the expenditure from this fund is for technical assistance and guidance, our delegation would like to urge upon the Assembly that, before it agrees to the inclusion of this in the regular budget, the possibility of effecting any reductions so as to keep the expenditure within the voluntary contributions available should be explored.
The Director-General has mentioned smallpox eradication. India is very much interested in this and has already initiated an eradication campaign. Already, in addition to the normal vaccination programme, which has been going on continuously, we shall have vaccinated an additional twenty-four million people before the next hot weather and the entire population is expected to be covered in the next three years. It is satisfactory to note that no case of post-vaccinal encephalitis or other untoward result has been reported among the population already vaccinated. We are fortunately self-sufficient in vaccine production. At the same time, we are grateful to the World Health Organization and UNICEF for assisting us to set up two centres for the production of freeze-dried vaccine.

While on the subject of communicable diseases, I would like to draw attention to the need for the study of many other diseases such as filariasis, leprosy, cholera, which are of vital importance to large sections of the world's population and which in our view have not so far received adequate attention. The study of the problems, both fundamental and applied, connected with these diseases should, we feel, be taken up by the World Health Organization in association with the countries interested.

The Director-General has emphasized that the provision of adequate and safe water supply to communities is of vital importance. With this we entirely agree. My country attaches the highest importance to the provision of safe water
supply to our people and is doing the utmost possible consistent with our resources. Almost one-third of the allocation for health in the third five year plan is devoted to this. But in solving this question, the mere provision of technical assistance is not sufficient. Many of the countries facing this problem have the capacity to design and execute water supply schemes, but what is preventing them is the lack of adequate funds and materials. If the World Health Organization could assist in finding the means for making these items available through some other international agencies, such as loans from the International Monetary Fund or the International Development Administration, or on the basis of a lend-lease system or any other similar method of help, it would not only add another feather to its cap but would earn the gratitude of millions of people. We would urge on this Assembly to pursue this question actively and devise concrete plans for such financial and material aid.

The Director-General has given importance to the education and training programmes in his Report. During his introductory speech he emphasized that the greatest need of the newly-admitted Member countries was the rapid provision of adequate training facilities so that their nationals can take on the health administration and the provision of health care in a satisfactory manner. We fully endorse this. We feel, however, that the past policy of the World Health Organization in this regard may have been perhaps a little rigid or inelastic. The allocation of fellowships to subjects and the drawing-up of
other projects has been more on the basis of centrally-designed policies rather than to meet the actual requirements of individual countries. We feel that a little more flexibility and adaptability to their specific needs would render the help for more valuable.

The Director-General has referred to the studies in domiciliary treatment of tuberculosis being conducted jointly by the World Health Organization and the Indian Council of Medical Research at Madras. While the results of this study are interesting and encouraging, their suitability for application on a mass scale has yet to be determined and worked out. Other measures needed for a large-scale campaign have also to be gone into. We have taken up studies to work out some of these questions.

Leprosy again is a disease which substantially affects large areas of the tropical countries. There are many aspects of this disease which are obscure but are yet very important. Research, fundamental and applied, on a considerable scale, and over widely dispersed areas is needed and we feel this is a subject worthy of the attention of the World Health Organization. We would particularly like to urge that co-ordinated studies should be taken up on prophylaxis of leprosy by means of either BCG vaccination or chemotherapeutic prophylaxis, which may provide valuable help in solving the problem.
The Director-General has in his Report mentioned the co-operative studies carried out by the World Health Organization in collaboration with the Indian Council of Medical Research on the prevalence of different types of anaemia in various countries and on the value of dietary supplements in their treatment and prevention. We recommend that similar studies should be carried out in many other fields of medicine and public health in conjunction with national research organizations. We are in agreement with the observation made by the distinguished delegate of Greece that in allocating funds for research the World Health Organization should give due priority to utilizing the results of fundamental research carried out at the national research institutes and other centres rather than itself directly undertake fundamental research. Our Prime Minister in his inaugural address referred to the problem created by the falling death rates while birth rates remain high. This problem in all its aspects is worthy of study and research by all international organizations, and the World Health Organization, we feel, should give its due share in such studies.

Before I close, Mr President, may I be permitted to add that we are very happy that the World Health Assembly is meeting in this capital city of ours. Our delegation has been made rather large solely with the view to affording an opportunity to as many persons as possible to attend and take part in the deliberations. We are most grateful to the World Health Organization for accepting the invitation of our country. As our Prime Minister has said, we are sure the Organization will continue to work ceaselessly for the welfare of all mankind and we are very proud to take part in this glorious work.
The PRESIDENT: Thank you, Mr Tandan. I now call upon the delegate of Morocco to come up to the rostrum.


Qu'il me soit permis enfin de remercier le Gouvernement de l'Inde de son invitation qui nous a donné l'occasion de venir travailler sur son territoire, ainsi que de l'accueil chaleureux qui nous a été réservé et de l'organisation impeccable qui a été mise en place pour rendre faciles et agréables nos activités.

En ce qui concerne les activités de l'Organisation mondiale de la Santé en 1960, et le Rapport du Directeur général, je ne m'étendrai pas sur les activités de l'Organisation dans mon pays, activités importantes et diverses qui se déroulent normalement au grand profit de nos populations, et sur lesquelles je reviendrai plus en détail lors de la discussion au sein des commissions. Je me bornerai ici à faire deux observations, à mon avis importantes.

La première concerne l'orientation même des activités de notre Organisation. Depuis l'ouverture de cette session, nous avons entendu les plus hautes personnalités de ce pays et de notre Organisation saluer avec chaleur la venue
de nouveaux États Membres parmi nous. En effet, rien qu’en Afrique, seize pays se sont libérés l’année dernière et vont venir grossir nos rangs. D’autres viendront encore cette année et les années à venir. Or, tous ces jeunes États, dont le premier soin est de s’affilier à notre Organisation, trouvent devant eux sur le plan sanitaire deux problèmes cruciaux à résoudre, à savoir l’insuffisance des cadres et l’existence de certaines maladies graves constituant de véritables fléaux sociaux pour les populations de leur pays.

Et c’est précisément vers ces domaines que devraient être davantage orientées les activités de notre Organisation. Une priorité toute particulière devrait être accordée non seulement à la formation des cadres médicaux et paramédicaux et à l’éradication de certaines maladies transmissibles, mais aussi à certains problèmes importants comme ceux de la nutrition ou de l’éducation sanitaire. Je sais que l’Organisation fait déjà beaucoup pour nous tous. Mais je suis persuadé qu’elle pourrait faire encore plus si elle disposait de suffisamment de crédits. Car en réalité, c’est là tout le problème : trouver des crédits supplémentaires. On pourrait peut-être en trouver par l’augmentation de la contribution de certains Membres puissants et riches. On pourrait peut-être en trouver aussi en diminuant la part affectée à certains Membres très évolués sur le plan sanitaire et social. On pourrait certainement enfin en trouver en faisant des économies. Je pense surtout à tout ce que nous coûtent nos interventions en séance plénière sur le Rapport du Directeur général, interventions qui se retrouvent pour la plupart dans les discussions au sein des commissions. Ces interventions, qui sont certainement intéressantes sur le plan de l’information, pourraient être consignées par écrit et remises à l’Organisation qui pourrait les distribuer à tous les Membres dans un livre.
particulier. Je ne sais combien coûté une heure ou une journée de délibérations,
mais je suis persuadé que tout cela coûte très cher et qu'on écourterait notre
session de quelques jours, nous pourrions réaliser de substantielles
economies.

La deuxième observation concerne les essais nucléaires. Le but de notre
Organisation, comme vous le savez tous, est de veiller sur la santé de toute
l'humanité, de la protéger contre les dangers des maladies qui la guettent et de
promouvoir ses habitants à un mieux-être à la fois physique, moral et mental.
Nous sommes fiers, et le monde entier avec nous, de ce but magnifique. Nous
sommes fiers des résultats déjà obtenus. Nous sommes fiers des efforts
entrepris chaque jour davantage. Mais n'est-il pas triste de constater que
quelques Membres de notre Organisation, et des plus puissants, continuent non
seulement à fabriquer des armes atomiques, mais aussi à les expérimenter,
mettant ainsi en danger la santé des habitants que nous devons protéger, et
gaspillant en plus des crédits énormes qui pourraient être si utilement employés
dans des buts humanitaires ? Je ne parle pas ici seulement en tant que Membre
de cette Assemblée qui s'intéresse particulièrement à ce problème, mais aussi
en tant que représentant d'un pays d'Afrique dont le territoire a été le
théâtre de telles expériences. En effet, en l'espace d'une année, la France a
fait exploser par trois fois sa bombe sur notre territoire, et ceci malgré
l'arrêt des essais nucléaires par les autres puissances, malgré la condamnation
des Nations Unies, malgré la réprobation du monde entier. Notre Organisation,
dont le prestige, le rayonnement et l'autorité dans ce domaine sont considérables
dans le monde, ne peut rester passive devant un tel danger. Elle doit pousser le cri
d'alarme nécessaire, éveiller la conscience de ses Membres, condamner de telles expériences et entreprendre tous les efforts nécessaires pour que cette énergie soit utilisée au profit et non contre l'humanité.

Messieurs les délégués, nous sommes tous ici les membres d'une même communauté, les membres d'une grande et même famille, il n'est que normal que les grands de cette famille qui sont comblés, sains et forts pensent à leurs frères si jeunes et chétifs et dénués de moyens pour que non seulement ils les protègent contre les dangers qui les guettent, mais aussi pour qu'ils les aident au relèvement de leur niveau sanitaire qui est le but de notre Organisation, ce qui pourrait contribuer grandement au bonheur de l'humanité.

The PRESIDENT: Thank you Dr Ben Abbès. I now call upon the delegate of Bulgaria kindly to come up to the rostrum.

Dr STOYANOV (Bulgaria) (translation from the Russian): Mr President, fellow delegates, on studying the Director-General's report on the work of WHO in 1960 we can note with satisfaction the successes achieved in the assistance afforded by this Organization to a number of countries, particularly under-developed countries and those which have recently gained their independence from colonialism.

The vast amount of work being done by the World Health Organization in the fight against such great enemies of human health as malaria, smallpox and some other communicable diseases is raising the international authority of our Organization.
It is beyond dispute that WHO is one of the international organizations doing the most for humanity. In view of this it should make every effort to promote a correct solution of those great contemporary problems which have a bearing on human health.

In the forefront of these stands the ending of colonialism, a system whose consequences for human health we, as members of the medical profession, can understand better than anyone else. The most recent example is the Congo, where lengthy colonial rule has meant an almost complete lack of medical establishments and medical staff and where now, after obtaining its independence, the country must begin from the bottom to build up its own system of health services. Matters are no better in the other colonial countries. For that reason our organization should welcome the United Nations resolution on the granting of independence to all colonial countries and should co-operate actively with all the economically developed countries so that the former enslaved peoples can not only build up their own health services but also repair the damage done to the health of the people by the colonialists.

The great tasks facing the World Health Organization and the bold plans that WHO is drawing up and that are to be put into effect in the next few years also require great resources. The Director-General's report emphasizes that inadequate financial resources are holding up the Organization's efforts to carry out the necessary measures for the eradication of malaria and other WHO schemes.
Everyone knows what huge sums of money are set aside for armaments. Surely it would be possible for much of the money released through the carrying-out of general and complete disarmament to be used in various countries; for example in the economically highly developed countries, it could be used to help the State to organize treatment and public health measures on a full scale and, by introducing free medical services, to achieve a completely satisfactory health position.

Another portion of these resources could be allocated to help under-developed countries recently liberated from colonialism, for their health services and for other purposes. This would help them to carry out measures which will make human life longer and more secure, happier and more joyful.

As members of the medical profession we who fight for every life in the case of individuals, must raise our voices against death and destruction, since war is the very greatest of epidemics. We consider this to be the right and duty of the World Health Organization, which should speak in favour of peace.

We all gather every year with a desire to think out effective means and methods of work, proper use of resources and correct organization so that we can defeat evil by eradicating malaria, smallpox, tuberculosis, etc. Every one of us works in one branch or another of the health services and contributes to the solution of these problems in his own country. In some countries the problems are solved more quickly and successfully, in others more slowly and with a number of setbacks and failures. By exchanging our favourable experiences we promote the attainment of the general aim. There is no need to
try to prove here that to achieve a radical improvement and development of the health services and medical science it is essential above all that we should live in peace and should combine our peaceful efforts in health co-operation, not only here in this hall but also among individual countries. Without the establishment of such co-operation the tasks of the World Health Organization cannot be successfully solved.

The annual increase in the membership of our organization is a welcome phenomenon. However more and more countries with poorly developed national health services are becoming Members of the World Health Organization. The duty of WHO is to assist these countries to establish health services that would make it possible for them not only to carry out general measures of sanitation and hygiene and to take steps towards control of certain communicable diseases but also to do their utmost to protect and treat their people against all forms of disease. Wide experience has been gained in this direction in many countries and it should be used.

In a comparatively short period Bulgaria also has gained considerable successes in public health. The level of health of the population has improved swiftly and its working capacity has increased. All our successes are due to the following facts: health care has become entirely a task for the State, a universally available and free national health service has been introduced, all health measures are planned and standardized and the whole population is encouraged to take part and show initiative in public health work. We consider that
the health system established in Bulgaria satisfies more completely than any other the needs facing the public health services. We also consider that our experience would be of use to many countries which will now be building up their own system of health services.

We could for example exchange experience on the organization of rural health services, tuberculosis control, organization of dental services, etc. It would be right for the World Health Organization to assist in this but in our opinion the assistance it is giving is still inadequate. A long time has already elapsed since we put forward the names of Bulgarian experts and consultants on various subjects but their services are not being used. So far not a single Bulgarian specialist has been appointed to a post at headquarters or in the Regional Office, although we have put forward candidates. No grounds should be given for us to consider that there is discrimination or at the very least an under-estimation of the experience of some countries as compared with others.

Bulgaria has stated her readiness to assist countries which wish to build up their own national health cadres. Our people itself needed such assistance, and received and is receiving it from the Soviet Union and other socialist countries. "A friend in need is a friend indeed" says the popular proverb. Guided by the most cordial sentiments towards the peoples that have gained their freedom from colonialism, the Bulgarian Government has decided to award a certain number of scholarships for the training of students or doctors from a number of African and
other countries which have recently become independent. We are ready also to assist the peoples of these countries by sending them medical workers both through the World Health Organization and the League of Red Cross Societies and under the terms of bilateral agreements.

We recommend that the World Health Organization intensify its active search for ways and means of giving urgent help to those countries by appealing to individual States to meet their requirements.

In concluding my speech, I should like to express gratitude to the Indian Government and particularly to the Ministry of Health and the medical profession in India for the hospitable welcome they have given us.

I should like to state my conviction that the keynote of our Assembly will be fruitful discussion of the questions which are worrying all the peoples of the world; I believe this in particular, because the Assembly is being held in India, one of the big countries which follows a consistent policy of peaceful co-existence, which is essential for the development of the health services and without which co-operation between individual countries on matters of health is unthinkable.

The PRESIDENT: Thank you, Dr Stoyanov.

The last speaker on my list is the delegate of Poland. Will he kindly come up to the rostrum.
Le Dr PACHO (Pologne) : Monsieur le Président, puis-je avant tout vous présenter, au nom de la délégation polonaise, nos vives félicitations pour votre élection à la présidence de notre Assemblée.

Je ne voudrais pas manquer de saisir cette occasion pour remercier le Gouvernement de l'Inde de son hospitalité, ainsi que du remarquable travail qu'il a accompli pour organiser cette manifestation. Par la même occasion, je tiens à transmettre au peuple de l'Inde les souhaits les plus cordiaux de la Pologne.

Monsieur le Président, Mesdames, Messieurs les délégués, pendant cette Assemblée, les nouveaux pays africains viennent se joindre à nous au sein de cette organisation. Je crois qu'il serait utile de souligner la signification et l'importance du fait que tous ces nouveaux États se sont constitués sur les ruines du système colonial et que presque tous ces États se trouvent en Afrique. Il n'est pas douteux que la présence dans cette enceinte et la participation de ces nouveaux États à nos débats ainsi qu'aux travaux de notre organisation donnent à celle-ci un aspect nouveau et nous rappellent en même temps avec une acuité particulière les problèmes qui doivent être résolus d'une manière urgente et sans équivoque.

La responsabilité pour la décolonisation au sens le plus large du terme incombe à toutes les nations du monde. Cette responsabilité incombe de même à l'Organisation des Nations Unies, ainsi qu'à la nôtre, dans le cadre où elle est appelée à agir. Notre Organisation doit rendre accessible à ces nouveaux pays ses moyens et toute son expérience afin de contribuer, dans la mesure la plus large, à la liquidation de toutes les tragiques séquelles du colonialisme. L'exemple du Congo est suffisamment explicite pour prouver à quel point la décolonisation est
difficile, à quel point la mobilisation des intérêts des colonisateurs peut paralyser et entraver la réalisation d'une véritable indépendance et quel bilan négatif laisse le colonialisme dans les pays auxquels il est obligé de renoncer et qui sont démunis par sa faute des cadres nationaux dans les domaines les plus importants de l'administration du pays et de la vie sociale. Il est donc clair que le programme de l'Organisation mondiale de la Santé pour les années à venir doit être placé sous le signe du bilan des besoins les plus urgents de ce pays qui vient d'accéder à l'indépendance, dans le domaine de la santé et de l'assistance technique.

Si on a pris l'habitude de dire que l'année 1960 est une année africaine, que la Quinzième Assemblée générale des Nations Unies et que notre Assemblée actuelle sont africaines, ce n'est pas seulement parce que plusieurs pays africains viennent d'accéder à l'indépendance et sont venus en tel nombre également à notre Organisation, mais aussi - et avant tout - parce que les besoins de ces pays s'imposent au programme de l'Organisation mondiale de la Santé dans tous les chapitres.

Je répète que si certains seulement sont responsables d'un tel état de choses il est de notre devoir à tous de contribuer à l'amélioration de la situation, de répondre d'une manière désintéressée aux besoins des anciens pays coloniaux et ceci au plus tôt.

La délégation polonaise appuiera tous les projets présentés ici visant les mêmes fins, mais elle attire l'attention sur le fait que cette action doit répondre aux besoins définis par les pays eux-mêmes selon les principes d'aide désintéressée et de respect de la souveraineté nationale et de la légalité des institutions gouvernementales de ces pays.
Comme vous pouvez le constater, l'accession à l'Organisation mondiale de la Santé de tous ces pays nouvellement constitués donne à l'Organisation un aspect et un contenu nouveaux, ce qui doit trouver également un reflet dans la juste répartition géographique de l'appareil dans cette organisation, où l'état de choses a d'ailleurs toujours laissé beaucoup à désirer.

Monsieur le Président, c'est l'habitude dans notre Organisation - et c'est d'ailleurs une bonne habitude - d'effectuer lors des travaux de l'Assemblée que nous tenons chaque année une évaluation de la situation générale dans laquelle nous aurons à définir nos activités pour l'année et pour les années à venir. Toutes les délégations peuvent aussi présenter leur point de vue sur les tâches et les objectifs de l'Organisation mondiale de la Santé. Car si les objectifs essentiels et les tâches sont définis par sa Constitution, leur mise en œuvre et la définition des proportions des diverses activités, la manière d'aborder ces tâches dépendent évidemment de la situation générale et des besoins concrets du moment.

La caractéristique des activités de l'Organisation mondiale de la Santé, ce qui la rend différente des autres organisations internationales, c'est tout d'abord le fait qu'au sein de cette Organisation nous nous préoccupons de la santé des hommes, de la formation de leur possibilité d'agir. Je dois reconnaître que cette tâche qui nous incombe représente une responsabilité très grave. Le Directeur général, qui fait tout son possible, nous dit dans son Rapport excellent ce qui a été fait à cette fin au cours des mois qui se sont écoulés depuis l'Assemblée que nous avons tenue à Genève au mois de mai de l'année dernière.
Peu de temps - beaucoup d'événements. Quelle direction doit donc prendre notre activité à l'heure actuelle et dans l'avenir ? Comment devons-nous élaborer, interpréter, puis mettre en œuvre les programmes et le budget que nous allons adopter ?

Monsieur le Président, le problème central devant lequel est placée l'humanité tout entière, le problème qui détermine tous nos actes, c'est le problème de la paix. La menace de destruction totale qu'entraînerait une guerre nucléaire est désormais si évidente que la rappeler semble un slogan. Il s'agit cependant d'une menace si horrible et si réelle que son évidence exige que l'on redouble de vigilance. Elle exige surtout la vigilance de ceux qui, au nom de leur peuple, ont à se préoccuper de l'essor de la santé sur le plan international, car il s'agit d'un danger de mort ou tout au moins des conséquences désastreuses des effets d'Hiroshima et de Nagasaki. Je pense qu'un problème aussi important trouvera encore la place qui lui est due dans les discussions de notre Assemblée. La logique impose la seule solution radicalement capable de nous libérer de cette préoccupation constante : le désarmement général et complet. Si certains autres problèmes peuvent trouver des solutions diverses, pour celui-ci il en est une que rien ne saurait mettre en doute. On objecte parfois que c'est là l'affaire des hommes politiques, que cette tâche est donc de la compétence d'autres organisations et avant tout de l'Organisation des Nations Unies et que ce n'est pas à nous, l'Organisation mondiale de la Santé, de nous en préoccuper. Oui et non. Car, si ce n'est évidemment pas à notre Organisation qu'il appartient de décider en matière de guerre et de paix, en revanche, en matière de désarmement, il lui appartient
d'agir sur l'esprit des hommes, de leur démontrer les dangers et les conséquences qui en résultent. Personne donc ne peut s'opposer à ce que notre Organisation pèse de tout son poids en faveur de la paix et développe, dans la mesure de ses moyens et de ses compétences, l'aspiration à la paix dans l'esprit des hommes.

Monsieur le Président, au cours des dernières années notre Gouvernement a augmenté ses efforts dans le domaine de la lutte contre la tuberculose en Pologne; entre autres, on a publié la loi antituberculeuse et le décret du Conseil des Ministres sur la lutte planifiée contre la tuberculose. En outre, on a développé une étroite coopération du service de santé de Pologne avec l'Organisation mondiale de la Santé et le FISE. Dans le cadre de cette coopération, on a établi le programme de la lutte contre la tuberculose en Pologne.

En résumant, il faut mentionner que la réalisation de ce programme contribuera sans doute à l'amélioration du système de lutte contre la tuberculose et permettra d'effectuer et d'établir les résultats des recherches scientifiques qui pourront aussi être utilisés pour les besoins d'autres pays.

Le problème de la nutrition de la population, présenté par le Directeur général, est d'une grande importance. Il résulte des nombreuses études effectuées par les instituts scientifiques et les institutions internationales spécialisées que, dans plusieurs pays, la situation dans le domaine de la nutrition n'est pas suffisante et quelquefois même inquiétante du point de vue sanitaire. A côté des carences quantitatives existent des carences qualitatives et au premier plan demeurent les carences protéiques. Malgré le grand progrès de la science des vitamines, il y a encore des cas aigus cliniques ou chroniques causés par les carences de ces éléments.
Dans les pays développés au point de vue économique, les maladies nommées "maladies de la civilisation", comme la sclérose, la carie dentaire, deviennent un problème de plus en plus important. Dans de nombreux pays, vu le manque de conditions techniques convenables et le manque d'éducation sanitaire de la population, les intoxications alimentaires font encore beaucoup de victimes. C'est pourquoi l'intérêt de l'Organisation mondiale de la Santé pour le problème de la nutrition est très juste. Ce problème est très complexe; pour le résoudre, il est nécessaire d'inviter à la coopération les spécialistes dans le domaine de la nutrition et d'introduire ces questions dans les programmes d'enseignement du personnel médical et paramédical.

Chez nous, en Pologne, la nutrition rationnelle de l'homme est considérée par notre service de santé comme un des problèmes essentiels pour notre pays. En 1946, on a créé en Pologne, à l'Institut national d'Hygiène de Varsovie, un département d'hygiène et de nutrition qui élabore tous les problèmes à l'échelon national. Nous sommes actuellement en possession de matériaux de base concernant le système de nutrition et l'état de l'alimentation de notre population ainsi que les problèmes les plus importants dans ce domaine. En visant à l'amélioration de la nutrition de la population, on a élaboré des normes basées sur les normes mondiales et appropriées aux conditions et aux habitudes de notre pays. Elles servent de base pour la planification de la nutrition de la population et de la production des denrées alimentaires.

Actuellement, on a chargé le Service de Santé de créer un institut de la nutrition de l'homme qui sera une institution de recherche scientifique et un
organe de consultations spécialisées pour le Gouvernement. L'Académie des Sciences de Pologne a reconnu la nutrition de l'homme comme l'un des problèmes principaux de la recherche scientifique.

Monsieur le Président, c'est avec une grande attention que la délégation de la Pologne a étudié le Rapport très détaillé du Directeur général sur le développement du programme d'éradication du paludisme. Le grand effort déployé et les résultats obtenus posent devant l'Organisation mondiale de la Santé les obligations conséquentes et incessantes de continuer cette action jusqu'à extermination complète du paludisme. Tous les États, dans la mesure de leurs possibilités, doivent se joindre à cette oeuvre. Comme il résulte du rapport du Directeur général, les 255 millions d'individus touchés par cette maladie, dont la population de l'Afrique constitue plus de 50 %, n'ont pas été atteints effectivement jusqu'à maintenant par l'action du programme d'éradication du paludisme. Par conséquent, il me semble indispensable que pour les années à venir cette partie du monde reçoive de notre organisation une attention particulière.

Le Gouvernement polonais est en train d'examiner de nouvelles possibilités pour que notre pays participe à la continuation de cette action et il nous paraît possible dès maintenant de mettre à la disposition de l'Organisation un certain nombre de médecins et d'entomologistes, ainsi que le matériel indispensable. Nous envisageons également l'émission d'un timbre aux mêmes fins.

Monsieur le Président, lors du séjour en Pologne de Monsieur le Premier Ministre Nehru, nous avons été profondément touchés par ses paroles quand il nous a parlé de l'humanité souffrante. Je voudrais ici, avec votre permission,
Monsieur le Président, citer quelques paroles prises dans une œuvre de M. Nehru, L'Inde aujourd'hui et demain : "La paix signifie - et je cite - "non pas seulement ne pas conduire la guerre, mais aussi essayer de créer le climat de la paix dans le monde entier". L'histoire a été dure pendant des siècles pour les Polonais et nous comprenons la signification des mots "humanité souffrante". Nous aimons la paix comme tous les hommes de bonne volonté et nous croyons que les relations entre nations s'amélioreront et que l'humanité souffrante gagnera la paix.

The PRESIDENT: Thank you Mr Pacho.

This meeting is now concluded. The General Committee will be meeting on Monday, 13 February, at noon and will decide when the next plenary session will take place. The announcement will be made at the joint meeting of the two committees which is to take place at 2.30 p.m. on Monday, 13th.

The meeting is now concluded.

The meeting rose at 7.15 p.m.  
La séance est levée à 19 h.15.